

## NATIONAL PERSONNEL RECORDS CENTER

1 ARCHIVES DRIVE ST LOUIS, MO 63138-1002

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July 5, 2019

INV DAVID JONES  
4 CLINTON SQUARE 3RD FL  
SYRACUSE, NY 13202

RECEIVED  
JUL 12 2019

BY: .....

**RE: Veteran's Name: PERRY, Christopher**  
**SSN/SN: \*\*\*\*\*493**  
**Request Number: 2-23050431009**

Dear Recipient:

Thank you for contacting the National Personnel Records Center. A copy of the requested separation document is enclosed. Separation documents may include the following information: the type and character of discharge, authority and narrative reason for separation, reenlistment eligibility code, and separation program designator/number. If you require a copy of the separation document that does not contain this information, a "*deleted*" copy must be requested from this Center. A seal has been affixed to the separation document to attest to its authenticity.

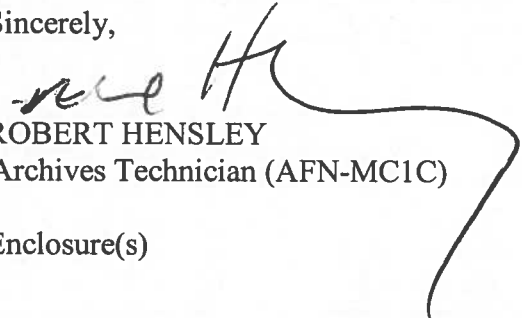
The military health record is not available at this Center. The records may be obtained from the agencies below.

| ARMY | DISCHARGE DATE           | CONTACT  |
|------|--------------------------|--|
|      | 10/16/1992 to 12/31/2013 | Department of Veterans Affairs, Records Management Center (VARMC), St. Louis, MO<br>1-800-827-1000 |
|      | on or after 1/1/2014     | AMEDD Record Processing Center<br>3370 Nacogdoches Road, Suite 116<br>San Antonio, TX 78217        |

If a VA claim was filed, the service member's health record may have been sent to the VA Regional Office that serves that veteran's local area. We suggest you contact the Department of Veterans Affairs at 1-800-827-1000 for further assistance.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,

  
ROBERT HENSLEY  
Archives Technician (AFN-MC1C)

Enclosure(s)



**We Value Our  
Veterans' Privacy**

*Let us know if we have  
failed to protect it.*

CAUTION: NOT TO BE USED FOR  
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.  
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS  
RENDER FORM VOID

| CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY   |                     |   |   |                                   |    |
|--|---------------------|---|---|-----------------------------------|----|
| This Report Contains Information Subject to the Privacy Act of 1974, As Amended.   |                     |   |   |                                   |    |
| 1. NAME (Last, First, Middle)<br>PERRY, CHRISTOPHER M  |                     | 2. DEPARTMENT, COMPONENT AND BRANCH<br>ARMY/RA  |   | 3. SOCIAL SECURITY NUMBER<br>5493 |    |
| 4a. GRADE, RATE OR RANK<br>PV1   | b. PAY GRADE<br>E01 | 5. DATE OF BIRTH (YYYYMMDD)<br>1983   | 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000  |                                   |    |
| 7a. PLACE OF ENTRY INTO ACTIVE DUTY<br>SYRACUSE, NEW YORK  |                     | b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)<br>3 KINGSLEY EXTENSION<br>CORTLAND NEW YORK 13045-0000 |   |                                   |    |
| 8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br>020082FABN BTY A 155 SP FC   |                     | b. STATION WHERE SEPARATED<br>FORT HOOD, TX 76544-5056  |   |                                   |    |
| 9. COMMAND TO WHICH TRANSFERRED<br>N/A   |                     |   | 10. SGLI COVERAGE   | NONE                              |    |
|  |                     |   | AMOUNT: \$ 400,000.00   |                                   |    |
| 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)<br>13B10 CANNON CREWMEMBER - 3 YRS 1 MOS//<br>NOTHING FOLLOWS   |                     | 12. RECORD OF SERVICE   |   |                                   |    |
|  |                     | a. DATE ENTERED AD THIS PERIOD  | 2007  | 06                                | 07 |
|  |                     | b. SEPARATION DATE THIS PERIOD  | 2010  | 11                                | 24 |
|  |                     | c. NET ACTIVE SERVICE THIS PERIOD   | 0003  | 00                                | 12 |
|  |                     | d. TOTAL PRIOR ACTIVE SERVICE   | 0000  | 00                                | 00 |
|  |                     | e. TOTAL PRIOR INACTIVE SERVICE   | 0000  | 00                                | 00 |
|  |                     | f. FOREIGN SERVICE  | 0000  | 11                                | 10 |
|  |                     | g. SEA SERVICE  | 0000  | 00                                | 00 |
|  |                     | h. INITIAL ENTRY TRAINING   | 0000  | 04                                | 17 |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)<br>IRAQ CAMPAIGN MEDAL W/TWO CAMPAIGN STARS//<br>ARMY COMMENDATION MEDAL//NATIONAL DEFENSE SERVICE MEDAL//OVERSEAS SERVICE RIBBON//<br>COMBAT ACTION BADGE//NOTHING FOLLOWS   |                     | i. EFFECTIVE DATE OF PAY GRADE  |   |                                   |    |
|  |                     | 2010  | 10  | 20                                |    |
|  |                     | 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)<br>NONE//NOTHING FOLLOWS                             |   |                                   |    |
| 15a. COMMISSIONED THROUGH SERVICE ACADEMY  |                     |   |   |                                   |    |
|  |                     |   |   |                                   |    |
| b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)   |                     |   |   |                                   |    |
|  |                     |   |   |                                   |    |
| c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA )   |                     |   |   |                                   |    |
|  |                     |   |   |                                   |    |
| 16. DAYS ACCRUED LEAVE PAID 20   |                     | 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION  |   |                                   |    |
|  |                     |   |   |                                   |    |
| 18. REMARKS<br>BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20070531-20070606//SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN IRAQ 20081213-20091122//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//BLOCK 29: UNDER 10 USC 972: 20100407-20100426; 20100429-20100825; 20100929-20101011; 20101119-20101124//NOTHING FOLLOWS |                     |   |   |                                   |    |
| The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.                                      |                     |   |   |                                   |    |
| 19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)<br>624 LONG ROAD<br>HOMER NEW YORK 13077  |                     | b. NEAREST RELATIVE (Name and address - include ZIP Code)<br>WENDY PERRY<br>624 LONG ROAD<br>HOMER NEW YORK 13077                         |   |                                   |    |
| 20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) NY  |                     | OFFICE OF VETERANS AFFAIRS  |   |                                   |    |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)   |                     |   |   |                                   |    |
| 21a. MEMBER SIGNATURE<br>NOT AVAILABLE TO SIGN   |                     | b. DATE (YYYYMMDD)  | 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)<br>ESIGNED BY: REDWINE.MICHAEL.JOHN.1125991552 |                                   |    |
|  |                     |   | b. DATE (YYYYMMDD)<br>20101126  |                                   |    |
|  |                     | MICHAEL J REDWINE, GS09, SUPV TRANS CENTER  |   |                                   |    |

| SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) |  |   |
|--|--|---|
| 23. TYPE OF SEPARATION<br>DISCHARGE                                  |  | 24. CHARACTER OF SERVICE (Include upgrades)<br>UNDER HONORABLE CONDITIONS (GENERAL) |
| 25. SEPARATION AUTHORITY<br>AR 635-200, PARA 14-12C (2)              |  | 26. SEPARATION CODE<br>JKK  |
| 28. NARRATIVE REASON FOR SEPARATION<br>MISCONDUCT (DRUG ABUSE)       |  | 27. REENTRY CODE<br>4   |
| 29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)<br>SEE BLOCK 18 |  | 30. MEMBER REQUESTS COPY 4 (Initials) YES   |

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE.  
GENERATED BY TRANSPROC

SERVICE - 2